

# MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-027757

DEPARTMENT OF PUBLIC HEALTH AND WELFARE

Registration District No.

096

Primary Registration District No.

5353

Registrar's No.

46

STATE FILE NUMBER

DO NOT WRITE  
ON THIS STUB

AMENDED

VS 300  
Rev. 4/59

1 0300

2 0300

3

4 0

5 1

6

7 0

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9 260X

10

11

12 90-0

13 1-0

DATE AMENDED

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

ITEM NO.

DOCUMENT

BY AFFIDAVIT OF

FILED JUL 17 1963

1. PLACE OF DEATH

a. COUNTY Dallas

b. CITY (If outside corporate limits, give TOWNSHIP only)  
OR TOWN Jackson Twp

Length of stay in 1b  
25 yrs.

c. FULL NAME OF (If NOT in hospital, give location)  
HOSPITAL OR INSTITUTION Red Top, Mo

Inside Limits  
Yes ☐ No ☒

2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission)  
a. STATE Mo. b. COUNTY Dallas

c. CITY OR TOWN Red Top

Inside Limits  
Yes ☐ No ☒

d. STREET ADDRESS (If outside, give location)  
RFD

Reside on Farm  
Yes ☐ No ☒

3. NAME OF DECEASED (Type or print)

First Middle Last  
Robert Rhea Ream

4. DATE OF DEATH June 20, 1963

5. SEX Male

6. COLOR OR RACE White

7. Married ☒ Never Married ☐  
Widowed ☐ Divorced ☐

8. DATE OF BIRTH Dec. 7, 1889

9. AGE (last birthday) 73

IF UNDER 1 YEAR IF UNDER 24 HR  
Months 6 Days 13 Hours Min.

10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired)  
Service station operator

10b. KIND OF BUSINESS OR INDUSTRY ----

11. BIRTHPLACE (City and state or country)  
Trenton, Missouri

12. CITIZEN OF WHAT COUNTRY  
USA

13a. FATHER'S NAME

John Ream

13b. MOTHER'S MAIDEN NAME

Eleanor Rhea

14. NAME OF HUSBAND OR WIFE

Addie M Ream

15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, No or unknown) (If yes, give war or dates of service)  
No

17. INFORMANT Address  
Addie Ream Red Top, Missouri

18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).)

PART I. DEATH WAS CAUSED BY:

IMMEDIATE CAUSE (a)

Diabetes Mellitus

INTERVAL BETWEEN ONSET AND DEATH  
4 yrs.

DUE TO (b)

Hypertension

DUE TO (c)

Arteriosclerosis

Conditions, if any, which gave rise to above cause (a), stating the underlying cause last.

PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)

PART III. If deceased was female was there a pregnancy in last 90 days.

☐ Yes ☐ No ☐ Unknown

19. WAS AUTOPSY PERFORMED? YES ☐ NO ☒

20a. ACCIDENT SUICIDE HOMICIDE  
☐ ☐ ☐

20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)

20c. TIME OF INJURY Hour a.m. p.m. Month, Day, Year

20d. INJURY OCCURRED WHILE AT WORK ☐ NOT WHILE AT WORK ☐

20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)

20f. CITY, TOWN, OR LOCATION COUNTY STATE

21. I attended the deceased from 1959 to 6-20-63 and last saw him alive on 6-10-63  
Death occurred at 3 AM on the date stated above, and to the best of my knowledge, from the causes stated.

22a. SIGNATURE (Degree or title)

C. O. Hammon M.D.

22b. ADDRESS

844210 Mo.

22c. DATE SIGNED

6-24-63

23a. BURIAL, CREMATION, REMOVAL (Specify)

Burial

23b. DATE

June 22, 1963

23c. NAME OF CEMETERY OR CREMATORY

Souders Cemetery

23d. LOCATION (City, town, or county)

Folk County, Mo.

24. FUNERAL DIRECTOR

ADDRESS

Montgomery Funeral Home / Buffalo, Missouri

25. DATE RECD. BY LOCAL REG.

7/15/63

26. REGISTRAR'S SIGNATURE

Mr. Vera Rhea LR

USE BLACK INK  
OR  
TYPEWRITER RIBBON

VERNON H. VIETS

1987 JUN 1 11 17

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Vernon H. Viets  
Vernon H. Viets

Licensed Embalmer No. 5083

P. O. Address Buffalo, Missouri

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.